



January 14, 2026

Matthew Hubicki

**New York State Department of Environmental Conservation**

Division of Environmental Remediation

625 Broadway, Albany

New York 12233-7014

RE: Supplemental Vapor Intrusion Assessment Work Plan  
46-70 McLean Avenue Auto Repair Laundry  
NYSDEC Site Number: C360211

On behalf of SNL Yonkers, LLC, Impact Environmental Engineering and Geology, PLLC (Impact), has prepared this Vapor Intrusion (VI) Assessment Work Plan for 46-70 McLean Avenue Auto Repair Laundry Site (BCP Site No. C360211) in Yonkers, New York (the "Site"). In accordance with the Site Management Plan (SMP), this Assessment is required post-construction of the new building, and prior to occupancy, to evaluate if a vapor intrusion pathway exists that warrants active sub-slab depressurization to prevent impairment of indoor air quality and vapor intrusion. The details of the proposed sampling are presented below.

**SOIL VAPOR INTRUSION AND OUTDOOR AIR SAMPLE COLLECTION**

This VI Assessment evaluation will be conducted within the typical heating season, defined within NYSDOH guidance as November 15 to March 31. The following will be conducted as part of the VI assessment:

- Prior to sample collection, Impact will conduct a product inventory and building questionnaire form (refer to **Attachment 1**) documenting sources of volatile chemicals present in the building and will ensure that the heating system operates under normal conditions for at least 48 hours. Additionally, the SSDS risers at the roof will be capped a minimum of 48 hours prior to the sample event.
- Following this period, Impact will conduct concurrent sub-slab vapor, indoor air, and outdoor air sampling. The sampling will be completed in accordance with the procedures in the NYSDOH Guidance for Evaluating Soil Vapor Intrusion in the State of New York (October 2006, updated 2017 and 2024).
- A total of six (6) sub-slab soil vapor points, identified as VMP-1 through VMP-5, and VMP-7. Samples will be collected from existing vapor monitoring point installed through the building slab during construction and collocated with an indoor air sample. One (1) ambient (outdoor) air sample will be collected. A total of 13 samples will be collected, as illustrated in **Figure 1**.
- Samples will be collected using passive 6-liter, laboratory-supplied stainless-steel Summa® canisters. The canisters will be individually certified clean by the laboratory and supplied with vacuum gauges and pre-set flow controllers capable of collecting a sample at a rate not to exceed 0.2 liters per minute, as established in the NYSDOH Guidance Document. Once a canister is full (i.e., -2 to -7 in. Hg remaining, as measured by an analog/digital pressure gauge), it will be sealed and labeled with the sample identification number for the sub-slab vapor point.

- All samples will be submitted for laboratory analysis of VOCs by USEPA Method TO-15, Select Ion Monitoring (SIM) for the five compounds that require a laboratory reporting limit of 0.20 micrograms per cubic meter (ug/m<sup>3</sup>) or less, as noted in NYSDOH Soil Vapor Intrusion Matrices (Table A through Table F). All environmental samples will be submitted to a NYSDOH Environmental Laboratory Approval Program (ELAP)–certified laboratory for analysis in accordance with applicable New York State Department of Environmental Conservation and NYSDOH guidelines.

## **SCHEDULE AND REPORTING**

The vapor intrusion assessment activities are tentatively planned for early January 14, 2026. Upon completion of the VI investigation, the analytical results will be compared to the appropriate air guideline values derived by the NYSDOH Table 3.1 associated with NYSDOH's Guidance for Evaluating Soil Vapor Intrusion in New York State. A VI Assessment Report will be prepared and submitted to NYSDEC and NYSDOH for review and approval. The report will include:

- A summary of activities completed.
- Tables and figures summarizing the analytical results and identifying the VI sampling locations.
- Laboratory report and sampling field forms.

Should you have any questions, please do not hesitate to contact me at 631-269-8800.

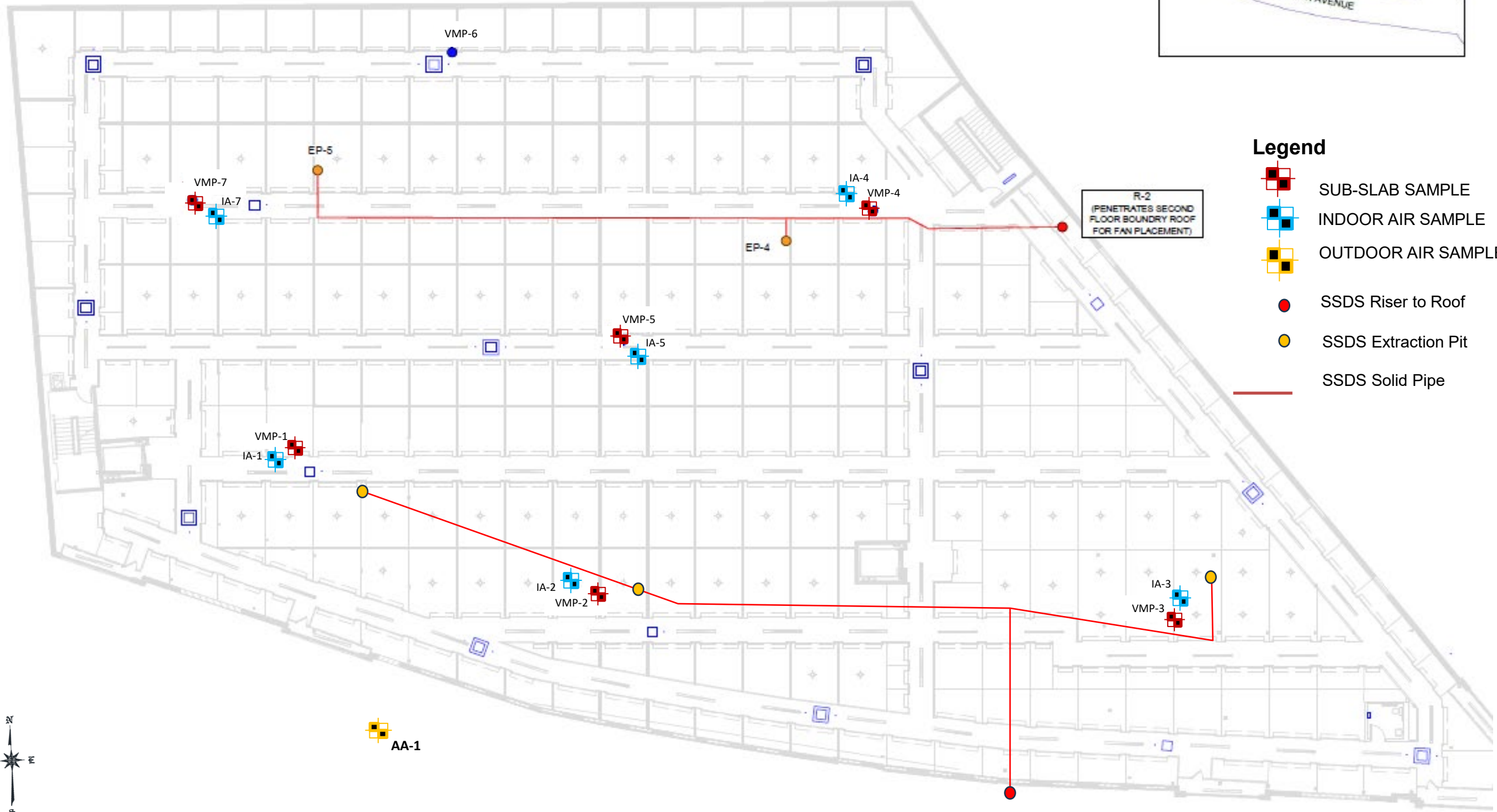
## **IMPACT ENVIRONMENTAL CLOSURES, INC.**



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Encl.



- Legend**
- SUB-SLAB SAMPLE
  - INDOOR AIR SAMPLE
  - OUTDOOR AIR SAMPLE
  - SSDS Riser to Roof
  - SSDS Extraction Pit
  - SSDS Solid Pipe

**60 Mclean Avenue**  
**Yonkers, New York**  
**Site No. 360211**

**IMPACT ENVIRONMENTAL CLOSURES, INC.**



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Drawn By	RJ
Checked By	GMC
Date	January 2026
Scale	As Noted

Drawing Title

**Proposed Sub-Slab and Indoor Air Sample Locations**

Drawing No

**Figure 1**

**NEW YORK STATE DEPARTMENT OF HEALTH  
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY  
CENTER FOR ENVIRONMENTAL HEALTH**

This form must be completed for each residence involved in indoor air testing.

Preparer's Name \_\_\_\_\_ Date/Time Prepared \_\_\_\_\_

Preparer's Affiliation \_\_\_\_\_ Phone No. \_\_\_\_\_

Purpose of Investigation \_\_\_\_\_

**1. OCCUPANT:**

**Interviewed: Y / N**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Number of Occupants/persons at this location \_\_\_\_\_ Age of Occupants \_\_\_\_\_

**2. OWNER OR LANDLORD: (Check if same as occupant \_\_\_\_ )**

**Interviewed: Y / N**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**3. BUILDING CHARACTERISTICS**

**Type of Building:** (Circle appropriate response)

Residential  
Industrial

School  
Church

Commercial/Multi-use  
Other: \_\_\_\_\_

**If the property is residential, type?** (Circle appropriate response)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: _____

**If multiple units, how many?** \_\_\_\_\_

**If the property is commercial, type?**

Business Type(s) \_\_\_\_\_

Does it include residences (i.e., multi-use)? Y / N      If yes, how many? \_\_\_\_\_

**Other characteristics:**

Number of floors \_\_\_\_\_ Building age \_\_\_\_\_

Is the building insulated? Y / N      How air tight? Tight / Average / Not Tight

#### 4. AIRFLOW

**Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:**

Airflow between floors

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Airflow near source

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Outdoor air infiltration

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Infiltration into air ducts

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### 5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

- a. Above grade construction: wood frame concrete stone brick
- b. Basement type: full crawlspace slab other \_\_\_\_\_
- c. Basement floor: concrete dirt stone other \_\_\_\_\_
- d. Basement floor: uncovered covered covered with \_\_\_\_\_
- e. Concrete floor: unsealed sealed sealed with \_\_\_\_\_
- f. Foundation walls: poured block stone other \_\_\_\_\_
- g. Foundation walls: unsealed sealed sealed with \_\_\_\_\_
- h. The basement is: wet damp dry moldy
- i. The basement is: finished unfinished partially finished
- j. Sump present? Y / N
- k. Water in sump? Y / N / not applicable

Basement/Lowest level depth below grade: \_\_\_\_\_ (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

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### 6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Stream radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: \_\_\_\_\_

Boiler/furnace located in: Basement Outdoors Main Floor Other \_\_\_\_\_

Air conditioning: Central Air Window units Open Windows None

Are there air distribution ducts present? Y / N

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

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## 7. OCCUPANCY

Is basement/lowest level occupied? Full-time Occasionally Seldom Almost Never

**Level** **General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)**

Basement	<hr/>
1 <sup>st</sup> Floor	<hr/>
2 <sup>nd</sup> Floor	<hr/>
3 <sup>rd</sup> Floor	<hr/>
4 <sup>th</sup> Floor	<hr/>

## 8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- |  |                                    |
|--|------------------------------------|
| a. Is there an attached garage?  | Y / N                              |
| b. Does the garage have a separate heating unit?   | Y / N / NA                         |
| c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) | Y / N / NA<br>Please specify <hr/> |
| d. Has the building ever had a fire?   | Y / N When? <hr/>                  |
| e. Is a kerosene or unvented gas space heater present?   | Y / N Where? <hr/>                 |
| f. Is there a workshop or hobby/craft area?  | Y / N Where & Type? <hr/>          |
| g. Is there smoking in the building?   | Y / N How frequently? <hr/>        |
| h. Have cleaning products been used recently?  | Y / N When & Type? <hr/>           |
| i. Have cosmetic products been used recently?  | Y / N When & Type? <hr/>           |

- j. Has painting/staining been done in the last 6 months? Y / N Where & When? \_\_\_\_\_
- k. Is there new carpet, drapes or other textiles? Y / N Where & When? \_\_\_\_\_
- l. Have air fresheners been used recently? Y / N When & Type? \_\_\_\_\_
- m. Is there a kitchen exhaust fan? Y / N If yes, where vented? \_\_\_\_\_
- n. Is there a bathroom exhaust fan? Y / N If yes, where vented? \_\_\_\_\_
- o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N
- p. Has there been a pesticide application? Y / N When & Type? \_\_\_\_\_

Are there odors in the building?

Y / N

If yes, please describe: \_\_\_\_\_

Do any of the building occupants use solvents at work?

Y / N

(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used? \_\_\_\_\_

If yes, are their clothes washed at work?

Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly)

Yes, use dry-cleaning infrequently (monthly or less)

Yes, work at a dry-cleaning service

No

Unknown

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: \_\_\_\_\_

Is the system active or passive? Active/Passive

## 9. WATER AND SEWAGE

Water Supply: Public Water Drilled Well Driven Well Dug Well Other: \_\_\_\_\_

Sewage Disposal: Public Sewer Septic Tank Leach Field Dry Well Other: \_\_\_\_\_

## 10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: \_\_\_\_\_

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

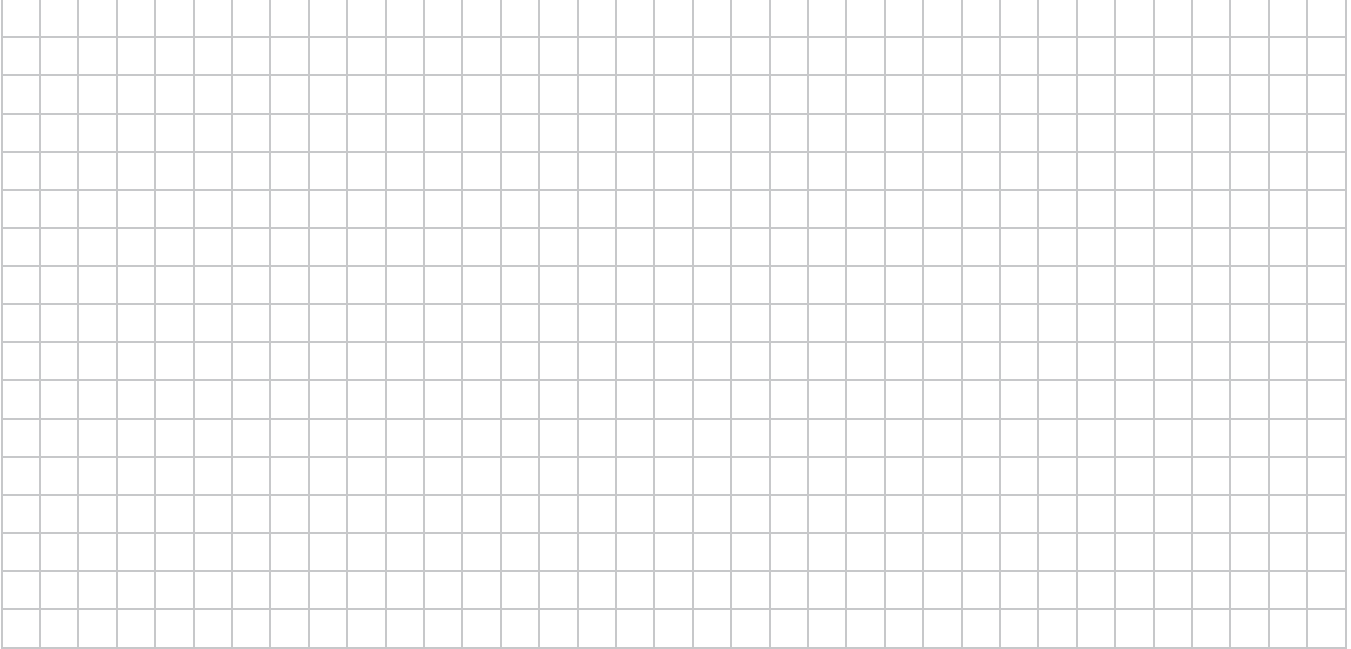
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

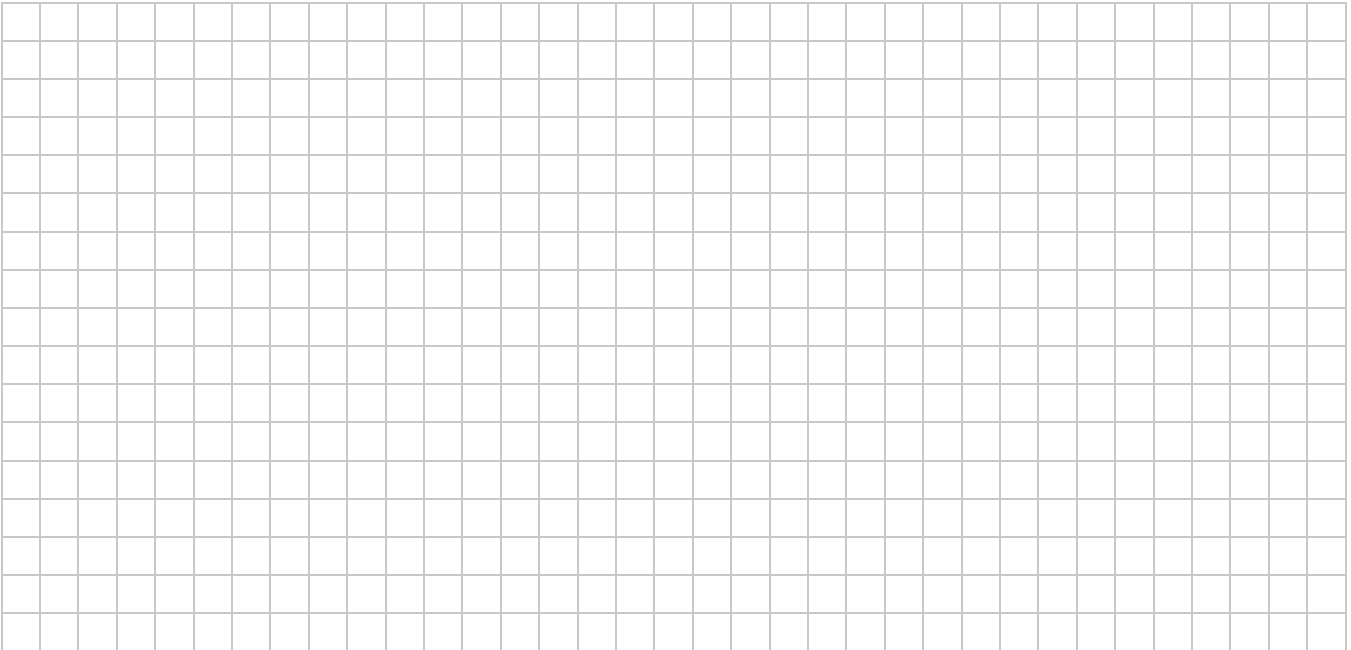
**11. FLOOR PLANS**

**Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.**

**Basement:**



**First Floor:**



## 12. OUTDOOR PLOT

**Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings.**

**Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system, if applicable, and a qualifying statement to help locate the site on a topographic map.**



### 13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: \_\_\_\_\_

List specific products found in the residence that have the potential to affect indoor air quality.

Location	Product Description	Size (units)	Condition *	Chemical Ingredients	Field Instrument Reading (units)	Photo ** <u>Y / N</u>

\* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**

\*\* Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.